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Date: October 14, 2008

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To: Examiner J.S. Wang
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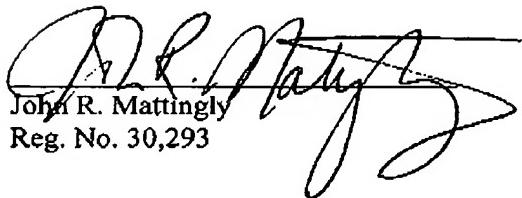
From: Mr. John R. Mattingly
 MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/004,825
 Attorney Docket No.: TMI-109

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Amendment;
Request for Continued Examination;
Petition for Extension of Time; and
Credit Card Payment Form in amount of \$1,300.00 in payment of RCE and 2 EOT.



John R. Mattingly
 Reg. No. 30,293

October 14, 2008

Date

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10-14-'08 22:12 FROM-Mattingly, Stanger

703-684-1157

T-282 P002/027 F-927

Form PTO-1083

Patent

In RE application of Y. SHIBUSAWA et al

Case Docket No. TMI-109 RECEIVED
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Serial No.: 10/004,825

Group Art Unit: 2193

OCT 14 2008

For: SOFTWARE INSTALLING METHOD AND SYSTEM

Examiner: J.S. Wang

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

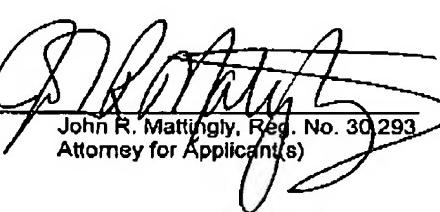
The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY	OTHER THAN A SMALL ENTITY
Total		Minus	** 20	=	X 25 \$	X 50 \$
Indep.		Minus	*** 10	=	X 100 \$	X 200 \$
<input type="checkbox"/> First presentation of Multiple Dependent Claims						
X 180 \$					X 360 \$	Total \$
Total \$						

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- A Credit Card Payment Form in the amount of \$ 1,300.00 is attached for RCE & 2 EOT
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR 1.17.
 - Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: 
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 Attorney for Applicant(s)

Date: October 14, 2008